

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

46.04: continued

<u>Service</u>	<u>Rate</u>
3. Day Treatment	\$55.00 per day
4. Case Management	\$8.00 per 15 minute session
5. Substance Abuse Outpatient Counseling:	
Individual Counseling	
Couple/Family Counseling	\$ 50.68 per hour
Group Counseling	\$ 60.84 per hour
Case Consultation and Methadone Counseling	\$ 19.72 per 1½ hr.
	\$ 50.68 per hour.
6. Methadone Medical Services Visit	\$ 9.61 per visit

46.05: Administrative Information Bulletins

The Division may, from time to time, issue administrative information bulletins to clarify its policy upon and understanding of substantive provisions of 114.3 CMR 46.00. In addition, the Division may issue administrative information bulletins which specify the information and documentation necessary to implement 114.3 CMR 46.00 if necessary for informed consideration of program rate requests.

46.06: Severability of the Provisions of 114.3 CMR 46.00

The provisions of 114.3 CMR 46.00 are severable, and, if any provision of 114.3 CMR 46.00 or application of such provision to any eligible provider or fiscal intermediary in any circumstance shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 114.3 CMR 46.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 46.00: M.G.L. c. 118G.

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TN 98-12
STATE PLAN AMENDMENT EXHIBITS
INPATIENT ACUTE HOSPITAL

Exhibit 7:
MGL c.111 ss.24F and 24G

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wing and harvesting of forest products of livestock including horses, the enterprise, the keeping and raising domesticated animals used for food, and any practices, including any performed by a farmer, who is hereby defined as one engaged in farming in all its branches and the cultivation of livestock including horses, cattle and other domesticated animals used in any practices, including any forestry or other agricultural operations, as an incident to or in conjunction with such farming operation, delivery to storage or to market.

11, 1995, effective July 1, 1995.

n "Farming" or "Agriculture" for one which farming in all its branches and the cultivation of livestock including horses, cattle and other domesticated animals used in any practices, including any forestry or other agricultural operations, as an incident to or in conjunction with such farming operation, delivery to storage, or to market.

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led "An act establishing a fund for urea approved December 31, 1985, by § 15 ef-

proved (under the provisions of Article and Joint Rule 23A) March 24, 1996, by

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s, see Midyear Pamphlet.

§ 3. Certain Duties of the Public Health Council.

Total Client-Service Library® References—
8 Mass Proc, Administrative Procedure § 12:3.

§ 5. Powers and Duties of the Department, in General.

Total Client-Service Library® References—
8 Mass Proc, Administrative Procedure § 12:1.

§ 8. May Prohibit use of Common Drinking Cups and Towels; Penalty.

Total Client-Service Library® References—
8 Mass Proc, Administrative Procedure § 11:42.

§ 13. Certificates of Results of Analyses; Evidence; Judicial Notice of Signature.

CASE NOTES

1. In general
Judge properly accepted certificates of analysis as creating rebuttable presumption that pills seized from defendant's pocket-book were xanax, a Class E substance. Commonwealth v. Navarro (1995) 39 Mass App 161, 654 NE2d 71.

§ 24F. Health Care Access Fund.

There shall be established and set up on the books of the commonwealth a separate fund to be known as the Health Care Access Fund. There shall be credited to said fund the following: (a) all fees assessed or generated from programs authorized pursuant to this section; (b) revenues generated pursuant to paragraph (a) of section twenty-eight of chapter sixty-four C; (c) to the extent available, federal financial participation made available under Title XIX of the Social Security Act, or its successor statute, to match the costs of the uncompensated care pool and to the extent such monies are authorized to be transferred to said fund pursuant to general or special law; (d) all interest earned on monies within said fund; and (e) and voluntary contributions and premiums paid by enrollees in said programs.

Amounts credited to the Health Care Access Fund shall be used for the following purposes, subject to appropriation:

(i) to fund a program of primary and preventive health care for children from birth through age eighteen as defined in section twenty-four G; provided, however, that the department may transfer to the division of medical assistance amounts equal to the cost of providing medical benefits pursuant to section nine A of chapter one hundred and eighteen E to children eligible for such benefits;

(ii) to establish a program of managed care within community health centers pursuant to regulations promulgated by the department; provided, however, that the department may transfer funds to the division of medical assistance to provide medical benefits pursuant to section nine A of chapter one hundred and eighteen E equal to the cost of providing such benefits to persons eligible for said program.

For latest statutes and case citations, call 1-800-527-0430.

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(iii) to fund a universal immunization program to be administered by the department; and

(iv) a program of medical respite services provided by the Boston health care for the homeless program.

History—

Added by 1996, 151, § 257, approved June 30, 1996, by § 690, effective July 1, 1996.

Amended by 1996, 203, § 5, approved with emergency preamble, July 24, 1996, effective July 24, 1996.

Editorial Note—

The 1996 amendment, in the second paragraph, substituted clauses (i) and (ii) for ones which read:

"(i) to fund a program of primary and preventive health care for the benefit of dependent and adoptive children from birth through age twelve established pursuant to section twenty-four G of chapter one hundred and eleven, as added in this act;"

"(ii) to establish a program of managed care within community health centers pursuant to regulations promulgated by the department;"

§ 24G. Primary and Preventive Health Care Services for Uninsured Dependent and Adopted Youths.

There is hereby established a program of managed care to provide primary and preventive health care services for uninsured dependent and adopted youths from birth through age eighteen. Said program shall be administered by the department subject to appropriation from the health care access fund established pursuant to section twenty-four F of chapter one hundred and eleven and other appropriated funds. Services available from the program shall include the following:—

(1) preventive pediatric care in a participating doctor's office, community health center, health maintenance organization or school-based clinic, including not less than one well-child visit a year, immunizations, tuberculin testing, hematocrit, hemoglobin and other appropriate blood testing, urinalysis, and routine tests to screen for lead poisoning, and such services as are periodically recommended by the American Academy of Pediatrics; provided that services provided by a participating independent laboratory for diagnostic laboratory tests shall be reimbursed by said program;

(2) unlimited sick visits in a participating doctor's office, community health center, health maintenance organization, school-based clinic or a patient's home;

(3) first-aid treatment and follow up care, including the changing or removal of casts, burn dressings or structures, in a participating doctor's office, community health center, health maintenance organization or school-based clinic;

(4) the provision of smoking prevention educational information and materials to the parent, guardian or person with whom an enrollee resides.

Services made optionally available under said program may include the following:

(1) prescription drugs up to one hundred dollars per year, provided that enrollees shall be responsible for a co-payment of three dollars for

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each interchangeable drug prescription and four dollars for each brand-
name drug prescription;

(2) urgent care visits in the outpatient department of a participating
hospital when an enrollee's primary care practitioner is not available to
provide such services, and emergency care in the outpatient department
or emergency department of a participating hospital of up to one
thousand dollars per year, including related laboratory and diagnostic
radiology services for said urgent and emergency care, provided that
rates of reimbursement for such urgent care and emergency services are
negotiated by participating hospitals with the department or its desig-
nated vendor;

(3) outpatient surgery and anesthesia which is medically necessary for
the treatment of inguinal hernia and ear tubes, but not including the
professional component for related radiology or pathology services;
provided that rates of reimbursement for such urgent care and emer-
gency services are negotiated by participating hospitals with the depart-
ment or its designated vendor;

(4) medically necessary eye examinations

(5) medically necessary outpatient mental health services not to
exceed thirteen visits per year.

The department shall establish cost-containment measures designed to
ensure that only medically necessary services are reimbursed by said
program. The schedule, scope, maximum dollar coverage and duration of
the optional benefits established by this section may be revised by the
department to ensure that the costs of said program are limited to the
funds appropriated therefor.

The cost of said program shall be funded in part by premiums contrib-
uted by enrollees according to the following eligibility categories: house-
holds earning less than two hundred percent of the federal poverty level
shall not be responsible for contributing to program premium costs;
households earning between two hundred and four hundred percent of
the federal poverty level, inclusive, shall contribute not less than twenty
percent and not more than thirty percent of the monthly premium cost
according to a sliding scale established by the department; provided, that
additional contributions shall not be required for any enrollee after the
third enrollee in such a household; and provided further, that enrollees in
households earning more than four hundred percent of the federal poverty
level shall pay the full premium cost of said program. Household earnings
may be defined on the basis of gross earnings, or on an adjusted basis ac-
cording to criteria deemed appropriate by the department. The depart-
ment shall base premium costs on an actuarially sound methodology.
Premiums contributed by enrollees shall be deposited in the health care
access fund established pursuant to section twenty-four F of chapter one
hundred and eleven and may be used for the said program subject to ap-
propriation.

Notwithstanding the premium contribution requirements established by
this section, no enrollee shall be exempt from the co-payment require-
ments established herein or by the department. Said co-payments shall be

designed to encourage the cost-effective and cost conscious use of said services.

The department shall promulgate regulations necessary to implement the requirements of this section. The division of medical assistance shall assist said department to maximize federal financial participation for state expenditures made on behalf of program enrollees.

The department shall report quarterly to the house and senate committees on ways and means and to the joint committee on health care on enrollment demographics, claims expenditures and the annualized costs of said program. The department shall file notice with said committees and the secretaries of the executive office of administration and finance and family services not less than thirty days before modifying program benefits and eligibility standards that are intended to ensure that program costs are limited to the funds appropriated therefor.

The program established by this section shall not give rise to enforceable legal rights in any party or an enforceable entitlement to the services funded herein and nothing stated herein shall be construed as giving rise to such enforceable legal rights or such enforceable entitlement.

History—

Added by 1996, 151, § 257, approved June 30, 1996, by § 690, effective July 1, 1996.

Amended by 1996, 203, § 6, approved with emergency preamble, July 24, 1996, effective July 24, 1996.

Editorial Note—

The 1996 amendment substituted the first sentence for one which read: "There is hereby established a program of managed care to provide primary and preventive health care services for uninsured dependent and adopted persons through age twelve."

(CONSTRUCTION OR CHANGE IN USES OF HEALTH CARE FACILITIES)

§ 25B. Definitions Applicable to Sections 25B to 25G.

In this section and sections twenty-five C to twenty-five G, inclusive, the following words shall have the following meanings:

[No change through definition "Department".]

[Definition "Health care facility" is amended to read as follows:]

"Health care facility", a hospital, institution for the care of unwed mothers or clinic, as defined in section fifty-two; a long-term care facility, which is an infirmary maintained in a town, a convalescent or nursing home, a rest home or a charitable home for the aged, as defined in section seventy-one; a clinical laboratory subject to licensing under chapter one hundred and eleven D; a public medical institution, which is any medical institution, and, after December first, nineteen hundred and seventy-two, any institution for the mentally ill or retarded, supported in whole or in part by public funds, staffed by professional, medical and nursing personnel and providing medical care, in accordance with standards established through licensing, approval or certification for participation in the programs administered under Titles 18 and 19 of the Federal Social Security Act, by the department; and any

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Exhibit 8:
Educational Activities

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EXHIBIT 8

EDUCATIONAL ACTIVITIES

Educational activities are organized or planned programs of study which enhance the quality of patient care in an institution, are necessary to meet the community's needs for medical and paramedical personnel, and in which the non-profit acute care teaching hospital affiliated with a state-owned university medical school may participate through offering clinical training on site at the hospital. To the extent that medical or paramedical personnel enrolled in such educational programs participate in clinical training at the hospital, they must be licensed if required by State law or receive approval from the recognized national professionals.

Recognized medical and paramedical educational training programs may include: nurse anesthetists, professional nursing, practical nursing, occupational therapy, physical therapy, x-ray technology and professional medical education (i.e., interns, residents, and medical students) (collectively, "educational programs"). Any other appropriate educational programs in which the provider intends to participate can be subject for consideration by the Division of Medical Assistance.

Education activities may also include the normal operational costs of : orientation and on-the-job training for educational program personnel; part-time education for bona fide employees of the hospital or affiliated state-owned medical school; travel expenses for employees of the hospital or affiliated state-owned medical school related to increasing quality of care; maintenance of a medical library; training of a patient or patient's family in the use of medical appliances; education of students of the state-owned university medical school, whether or not the students participate in any clinical training at the affiliated hospital site; clinical training of students not enrolled in an approved education program and any other appropriate operational costs approved by the Division.

Calculation of the educational activities costs are determined by deducting from total educational activities costs the revenues received from tuition. Total educational costs consist of the costs of any clinical training activities which take place on site at the hospital as well as the costs of classroom instruction and other educational activities which take place on the site of the state-owned university medical school with which the hospital is affiliated. Total costs include trainee stipends, compensation of teachers, and other direct or indirect costs.

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